



ARMY FEE ASSISTANCE

Request for Reactivation of Army Fee Assistance

I _____ request that the GSA Subsidy Administration
Printed name of Qualifying Army Sponsor

Section Reactivate my Army Fee Assistance, thereby removing me from **INACTIVE STATUS**

effective _____.
Benefit Reinstatement Date

_____	_____
<i>Child's Full Name</i>	<i>Date of birth (DOB)</i>
_____	_____
<i>Child's Full Name</i>	<i>Date of birth (DOB)</i>
_____	_____
<i>Child's Full Name</i>	<i>Date of birth (DOB)</i>

1) _____ My child (ren) will be **returning** to _____
Qualifying Child Care Provider on file with the GSA

and I will submit the following form(s) to the GSA to determine my continued eligibility in the Army Fee Assistance Program.

➤ Rate/Attendance Verification Form Child Returning to Program, Army 2011-05

2) _____ I am changing providers and will submit the following documents to the GSA to determine my continued eligibility in the Army Fee Assistance Program:

➤ Provider Application GSA Form 2014-02

3) _____ I am adding a child (ren) and will submit the following documents to the GSA to determine my continued eligibility in the Army Fee Assistance Program:

➤ Parent Application Army Form 2014-01 **and**

➤ Provider Application GSA Form 2014-02 **or** Family Enrollment Army Form 2014-06

An updated Provider License, Letter of Accreditation, Inspection Report and the facilities most recent Back Ground Check Certification may be required in addition to the applicable document listed above.

Signature of Qualifying Army Sponsor / Last 4 of SSN

Date

